



Ag BMP Cost Share Program 3 Year Contracted Practices



3YR Contracted Practices

- Why did DCR add Contracted Practices to the Program?

- Farmers/Operators wanted reliable levels of funding for participation in the program
 - Allows agronomic planning based on guaranteed funding
 - Allows SWCD approval once to cover 3 yr participation
- Provides documentation of long term dollars needed for the Cost Share Program from the General Assembly
- JLARC report on Nutrient Management Implementation





Contracted Practice NM-1

NM-1 (Nutrient Management Plan Writing and Revisions)

- Funding to help pay for nutrient management planning by private sector planners. Payments range from \$6 to \$9 per acre over the three year contract period for developing and maintaining a nutrient management plan. Actual payment rate depends on plan complexity based on nutrient sources used.
- Features equal annual payments of \$2 or \$3 per acre based on nutrient source utilized to result in stable income to planners.
- Farmers using private sector planners may redirect payments directly to the private planner from the SWCD. SWCD must send 1099-G to planner for redirected payments.
- Can be used for NMPs required by VPA or VPDES animal waste regulation or for voluntary plans. NMPs required by biosolids land application permits are not eligible.



Why Use Private NM Plan Writers?

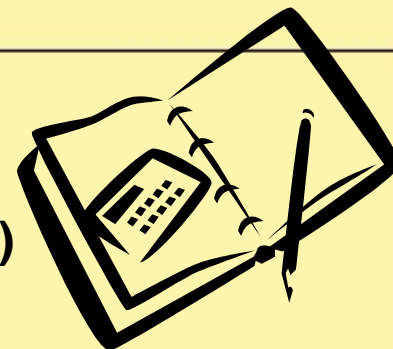
- NM-1 payments are not available for plans written by public planners
- Participants must be fully implementing a current NM plan to receive payments for SL-15A and SL-8C practice
- Using private planners is not expected to cost the participant much, if any out of pocket money. The cost-share payment typically is enough to get the plan written.
- Participants must submit nutrient application field records to SWCD to receive NM-2 funds. Many private planners may be able to assist farmers in providing these records, public planners cannot.
- The NM-1 practice was written specifically to get more involvement from the private NM planners. Tributary Strategy goals can not be met with limited public NM staff.
- Private planners are viewed as a resource to the farmer and can be more involved over the 3 year life of the plan to keep the plan up to date and implemented.



Contracted Practice NM-2

NM-2

(Nutrient Management Plan Implementation & Record Keeping)



- Pays farmers to implement voluntary nutrient management plans and certify nutrient applications.
- Farmers required to have NMPs for VPA or VPDES animal waste permits or sites requiring NMPs as a component of biosolids land application permits are not eligible for NM-2.
- Payment rate is \$3 per acre per year to implement the NMP over the three-year contract period.
- Record keeping of nutrient applications is required.

Contracted Practice NM-2

NM-2 - Nutrient Application Field Record Sheet (NAFRS)

NUTRIENT APPLICATION FIELD RECORD SHEET

Field Name: _____ FSA Farm #: _____ FSA Tract #: _____ FSA Field #(s): _____
Manure Type: (poultry, liquid dairy, swine, etc.) _____ Crop: _____ Acres: _____

Manure				Fertilizer/Lime			
Date	Incorporation ¹ Time	Acres Applied	Actual Rate/acre	Date	Analysis	Rate/Acre	Method ²

¹ Incorporation: Immediate, greater than two days (>2 days), >4 days, or >7 days ² Starter=ST, Broadcast=BR, Top Dress=TD, Side Dress = SD

Field Name: _____ FSA Farm #: _____ FSA Tract #: _____ FSA Field #(s): _____
Manure Type: (poultry, liquid dairy, swine, etc.) _____ Crop: _____ Acres: _____

Manure				Fertilizer/Lime			
Date	Incorporation ¹ Time	Acres Applied	Actual Rate/acre	Date	Analysis	Rate/Acre	Method ²

¹ Incorporation: Immediate, greater than two days (>2 days), >4 days, or >7 days ² Starter=ST, Broadcast=BR, Top Dress=TD, Side Dress = SD

I certify that the nutrient applications recorded above are true and accurate and do not exceed recommendations from my nutrient management plan and I am therefore eligible to receive cost-share funding.

Signature _____ Date _____

(DCR - 199 - 172) (06/06)

Website location for Downloadable PDF <http://192.206.31.57/agbmpman/nutapprecord.pdf>

Contracted Practice NM-2

NM-2 - Nutrient Application Field Record Sheet (NAFRS) Electronic Data Entry Microsoft Excel Version

The screenshot displays the Microsoft Excel interface for the NAFRS spreadsheet. The title bar reads "Microsoft Excel - interactive NUTRIENT_APPLICATION_FIELD_RECORD_SHEET.xls". The menu bar includes File, Edit, View, Insert, Format, Tools, Data, Window, and Help. The toolbar shows various icons for file operations and formatting. The spreadsheet itself is titled "NUTRIENT APPLICATION FIELD RECORD SHEET" in the center of the first row. Below the title, there are input fields for "Field Name:", "FSA Farm #:", "FSA Tract #:", and "FSA Field #(s):". Below these are fields for "Manure Type: (poultry, liquid dairy, swine, etc.)", "Crop:", and "Acres:". The main data entry area is divided into two columns: "Manure" and "Fertilizer/Lime". Each column has a table with headers: "Date", "Incorporation Time", "Acres Applied", "Actual Rate/Acre" for Manure, and "Date", "Analysis", "Rate/Acre", "Method" for Fertilizer/Lime. Below the tables, there are instructions for "1 Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days" and "2 Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD". At the bottom, there is a section for a signature and date, with a line for "Signature" and a line for "Date". The status bar at the bottom shows "Ready" and "NUM".

NUTRIENT APPLICATION FIELD RECORD SHEET							
Field Name: _____ FSA Farm #: _____ FSA Tract #: _____ FSA Field #(s): _____							
Manure Type: (poultry, liquid dairy, swine, etc.) _____ Crop: _____ Acres: _____							
Manure				Fertilizer/Lime			
Date	Incorporation Time	Acres Applied	Actual Rate/Acre	Date	Analysis	Rate/Acre	Method
1 Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days				2 Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD			
Field Name: _____ FSA Farm #: _____ FSA Tract #: _____ FSA Field #(s): _____							
Manure Type: (poultry, liquid dairy, swine, etc.) _____ Crop: _____ Acres: _____							
Manure				Fertilizer/Lime			
Date	Incorporation Time	Acres Applied	Actual Rate/Acre	Date	Analysis	Rate/Acre	Method
1 Incorporation: Immediate, greater than two days, (>2 days), >4 days, or > 7 days				2 Starter=ST, Broadcast= BR, Top Dress=TD, Side Dress = SD			
I certify that the nutrient applications recorded above are true and accurate and do not exceed recommendations from my nutrient management plan and I am therefore eligible to receive cost-share funding.							
Signature _____				Date _____			



Contracted Practice - SL-8C

SL-8C (Small Grain Cover Crop)

- Farmers are required to have NMPs and Nutrient Application Record Sheets on file with SWCD. Plans must call for cover crop, (no nutrient application before Feb 15th).
- Manure Exception –must meet all 4 criteria
- The applicant commits to planting the **enrolled number of acres** in winter cereal grain cover crops for at least 3 sequential years.
- Farmers can select early or late planting dates
- Farmers can select cover crop seed type
- Rates vary according to planting date, and seed type/cultivars, base rate escalates in second and third year



Contracted Practice - SL-8C

Rates to Remember:

- **Year 1:**
 - **\$20/acre base rate**
 - **\$15/acre early planting rate**
 - **\$5/acre rye cultivar rate**
- **Year 2 & 3:**
 - **\$30/acre base rate**
 - **\$15/acre early planting rate**
 - **\$5/acre rye cultivar rate**
 - **\$5/acre same field location rate**

Contracted Practice - SL-8C

LOCATION OF CONTRACTED COVER CROP ACRES in _____ (COUNTY)
OF _____ SWCD FIRST YEAR OF CONTRACT PERIOD

Contract Number: _____

Date: _____ Contract Period: _____ to _____

Name of Cover Crop participant: _____

Number of Acres of Cover Crop under Three-year Contract (SL-8C) _____

Farm #: _____

Tract #: _____

Field(s) #: _____

Anticipated Planting Date: _____ Crop: _____

Driving Directions _____

.....
SECOND YEAR OF CONTRACT PERIOD

- ☐ Check here if all cover crops will be planted on exactly the same acres as last year. Cover crops planted on the exact same acreage for 2 years will receive a \$5/acre rate premium over the first year's rate.
If Cover Crops are to be relocated to different fields please fill out the following:

Farm #: _____

Tract #: _____

Field(s) #: _____

Anticipated Planting Date: _____ Crop: _____

Driving Directions _____

.....
THIRD YEAR OF CONTRACT PERIOD

- ☐ Check here if all cover crops will be planted on exactly the same acres as last year. Cover crops planted on the exact same acreage for 3 years will receive a \$5/acre rate premium over the first year's rate.
If Cover Crops are to be relocated to different fields please fill out the following:

Farm #: _____

Tract #: _____

Field(s) #: _____

Anticipated Planting Date: _____ Crop: _____

Driving Directions _____



(DCR - 199 - 173) (06-06)

The participant will notify the SWCD of the location of each acre of cover crop under contract at least ten(10) days prior to the last allowable planting date for your area in order to allow the SWCD time to verify planting dates, utilizing form DCR199-172

- New Signup Form

Form (DCR - 199-071) 006-06



How do you fill out the form?

Contract Numbers – Section 2

- Needed to track BMPs over a multiple year commitment
- Will enable changing field locations to be tied to the correct contract
- Format for number is SWCD number – Year – Sequential number system

Example for Tidewater SWCD with 3 contracts in 2007:

NM-1 >>> 01-07-00001, NM-2 >>> 01-07-00002, SL-8C >>>>01-07-00003

- **One Contract per Pink Sheet**



How do you fill out the form?

Completion Dates? – Section 4

- Completion date shall be at least three years from the contract approval date; however it should be extended beyond three years to accommodate cover crop kill dates or nutrient applications associated with specified rotations in nutrient management plans



How do you fill out the form?

Projected Costs – Section 7 – Yr 1, Yr 2 & Yr 3

- Only filled out once per contract - no matter how many pink sheets per contract.
- **Yr 1** will be the same number as Column V “Dollar Amt Approved for BMP Installation” totaled for all fields on all pink sheets for the same contract.
- **Yr 2** will be the best estimate based on discussions with the participant on projected crops, planting dates and field locations.
- **Yr 3** will be the best estimate based on discussions with the participant on projected crops, planting dates and field locations.
- Information can be revised in the Tracking Program based on the actual crop, planting date and field location in Yr 2 & Yr 3



How do you fill out the form?

SL-8C Scenarios

- Farmer Smith **Yr. 1** - SL-8C on 5 fields – 120 acres
 - 80 acres early tritcale $(\$20.00 + \$15.00) \times 90 = \mathbf{\$3150}$
 - 10 acres rye $\$5.00 \times 10.00 = \mathbf{\$50.00}$
 - 30 acres late wheat $\$20.00 \times 30.00 = \mathbf{\$600.00}$
 - Total Year 1 = **\$3800.00**

Yr 2 - SL8C on 5 fields – 120 acres

- 90 acres early rye on same acres
 $(\$30 + \$15 + 5) \times 90 = \mathbf{\$4500.00}$
- 30 acres early wheat different acres
 $(\$30 + \$15) \times 30 = \mathbf{\$1350.00}$

Total Year 2 = \$5850.00

Yr 3 – SL 8C on 5 fields – 120 acres

- 90 acres late tritcale on different acres
 $\$30 \times 90 = \mathbf{\$2700.00}$
- 30 acres late wheat on same acres
 $(\$30 + \$5) \times 30 = \mathbf{\$1050.00}$

Total Year 3 = \$3750.00

How do you fill out the form?

SL-8C Scenario 1

FORM ID NO. C-01401 CONTRACT FOR THREE YEAR IMPLEMENTATION OF AG BMP PRACTICES SWCD COPY

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (pl. 93-86) Penalty for presenting fraudulent claim: Fine of not more than \$10,000 or imprisonment of not more than five years or both (18 USC 287).

(1) **2007** Program Year Name & Address **Farmer Smith** Phone # **(434) 987-6543**
10 Farm Lane
 S. S. # or Tax ID # **54-1234567** **Monroe, VA 24514** County **Amherst**

(2) **APPLICANTS REQUEST:** I request funding under the State Agricultural Cost-Share, for the listed contractual practices. I agree to implement these practices according to state specifications for a three-year contract period. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices during the contract period. I understand that the VA AG BMP Cost-Share Program has a \$50,000 per applicant per year (July 1 thru June 30) cost-share limit, and I certify that I will not receive more than that amount this program year from all combined SWCD sources.

Have you received or will you receive cost sharing from another SWCD during the current program year? ☐ yes ☒ no
 If yes, which one? **Farmer Smith** **8/16/06** Sign Here Date

	FSA Form No. A	FSA Tract No. B	Field No. C	DCR Spec No. D	Extent Requested E	Hydrologic Unit F	SWCD Contract Num G	Plan Written Date H
1	10	2	1-4	SL-8C	90	JM-11	10-07-0001	8/1/06
2	10	2	10	SL-8C	30	JM-11	10-07-0001	8/1/06
3								
4								
5								

(3)	Early Planting Date Acres I	Acres of Rye Approved J	Acres planted on same fields K	Extent Technically Authorized L	S&R Erosion Reduction (1/10/25) M	Gross Erosion Reduction (1/10/25) N	Distance to Stream (feet) O	Relief to Stream (feet) P	USGS Topo Map Name Q	WQI / HEL R	NAD 83 Coordinates Row UTM S	Column UTM T	STATEMENT OF TECHNICAL NEED I have reviewed this application and have indicated the extent authorized based on technical need.
1	90	10	0	90	1.32	—	200	40	Tobacco Row Mt	5 H	4159450	662000	Reviewed by: Dwight Nited
2	0	0	0	30	.9		50	20	Tobacco Row Mt	5 H	4159550	662050	Date: 9/1/06
3													Title: Conservation Specialist
4													Comments
5													

(4) **AUTHORIZATION**
 Your request form has been:
☒ Approved to the extent shown in section L
☐ Not approved
 Contract Completion Date: **3/15/09**
Jane Dwyer 9/29/06 Date
 District Authorization by (SWCD Director)

(5)	C-E Factor U	Dollar Amount Approved for BMP Installation V	Extent Installed (No.) W	Acres Benefited X	SWCD Cost Share Payment Y	Voluntary Acres Implemented Z	(7) TECHNICIAN PRACTICE INSTALLATION CERTIFICATION: I certify that this practice has been installed according to applicable practice standards and specifications. Name Date	Total Projected Year 1 Contract Costs by Contract Number AA	Total Projected Year 2 Contract Costs by Contract Number AB	Total Projected Year 3 Contract Costs by Contract Number AC
1	-1.67	\$2000.00					Comments:	3800.00	5850.00	3750.00
2	3.85	600.00								
3										
4										
5										

COMMONWEALTH OF VIRGINIA
 Department of Conservation and Recreation
 Division of Soil and Water Conservation Programs, activities and employment opportunities are available to all people regardless of race, color, religion, sex, age, national origin or political affiliation. An equal opportunity/affirmative action employer.

(6) **PARTICIPANT PRACTICE INSTALLATION CERTIFICATION:** I certify that the information (column W) is true and correct. I have implemented the first year practice and agree to implement this contractual practice for the three-year life of the contract in accordance with state specifications. I agree to refund all or part of the cost-share assistance or tax credit if my practice is found not to meet state specifications during the three-year contract period. I understand that the sale, lease or changed use of the property will not exempt me from this requirement.

Sign Here: _____ Date: _____

(8)	District Payment/Completion Information 1 st Year			District Payment/Completion Information 2 nd Year			District Payment/Completion Information 3 rd Year			Tax Credit Amount Granted	
	Pmt. Amt	Comp./Pmt Date	Check #	Pmt. Amt	Comp./Pmt Date	Check #	Pmt. Amt.	Comp./Pmt Date	Check #	Date	Amount
1											
2											
3											
4											
5											

Scenario #1

How do you fill out the form?

SL-8C Scenario 2

Form ID No. C- 01401 CONTRACT FOR THREE YEAR IMPLEMENTATION OF AG BMP PRACTICES										SWCD COPY																									
No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (pl. 93-86) Penalty for presenting fraudulent claim: Fine of not more than \$10,000 or imprisonment of not more than five years or both (18 USC 287).																																			
(1) 2007 Program Year 54-1234567 S. S. # or Tax ID #		Name & Address Farmer Smith 10 Farm Lane Martinsburg, VA 254574		Phone # (434) 987-6543		FSA Farm No. A		FSA Tract No. B		Field No. C		DCR Spec No. D		Echin Requested E		Hydrologic Unit F		SWCD Contract Num G		Plan Written Date H															
(2) APPLICANTS REQUEST: I request funding under the State Agricultural Cost-Share, for the listed contractual practices. I agree to implement these practices according to state specifications for a three-year contract period. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices during the contract period. I understand that the VA AG BMP Cost-Share Program has a \$50,000 per applicant per year (July 1 thru June 30) cost-share limit, and I certify that I will not receive more than that amount this program year from all combined SWCD sources.																																			
Have you received or will you receive cost sharing from another SWCD during the current program year? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, which one? Sign Here Date																																			
Farmer Smith 4/16/06																																			
(3) Early Planning Date Acres I		Acres of Erye Approved J		Acres planted on same fields K		Extent Technically Authorized L		S&R Erosion Reduction (T/ac/yr) M		Gross Erosion Reduction (Tons/yr) N		Distance to Stream (feet) O		Relief to Stream (feet) P		USGS Topo Map Name Q		WQI / HEL R		NAD 83 Coordinates Row: UTM S Column: UTM T		STATEMENT OF TECHNICAL NEED I have reviewed this application and have indicated the extent authorized based on technical need.													
1		20		0		-		20		1.5		-		200		40		Tobacco Row Mt		5 H		4159460 661900		Reviewed by: Duely Noted Date: 9/1/06 Title: Com. Specialist Comments											
2																																			
3																																			
4																																			
5																																			
(4) AUTHORIZATION Your request form has been: <input checked="" type="checkbox"/> Approved to the extent shown in section L <input type="checkbox"/> Not approved Contract Completion Date: 3/15/09 Date: 9/29/06 District Authorization by (SWCD Director)														(5) C-E Factor U		Dollar Amount Approved for BMP Installation V		Extent Installed (No.) W		Acres Benefited X		SWCD Cost Share Payment Y		Voluntary Acres Implemented Z		(7) TECHNICIAN PRACTICE INSTALLATION CERTIFICATION: I certify that this practice has been installed according to applicable practice standards and specifications. Name Date Comments:				Total Projected Year 1 Contract Costs by Contract Number: AA		Total Projected Year 2 Contract Costs by Contract Number: AB		Total Projected Year 3 Contract Costs by Contract Number: AC	
														1		-1.30		700.00										700		1000		600			
														2																					
														3																					
														4																					
														5																					
(6) PARTICIPANT PRACTICE INSTALLATION CERTIFICATION: I certify that the information (column W) is true and correct. I have implemented the first year practice and agree to implement this contractual practice for the three-year life of the contract in accordance with state specifications. I agree to refund all or part of the cost-share assistance or tax credit if my practice is found not to meet state specifications during the three-year contract period. I understand that the sale, lease or changed use of the property will not exempt me from this requirement. Sign Here : Date:														(8) District Payment/Completion Information 1 st Year Pmt. Amt Comp./Pmt Date Check #				District Payment/Completion Information 2 nd Year Pmt. Amt Comp./Pmt Date Check #				District Payment/Completion Information 3 rd Year Pmt. Amt Comp./Pmt Date Check #				Tax Credit Amount Granted Date Amount									
1																																			
2																																			
3																																			
4																																			
5																																			

Scenario # 2

How do you fill out the form?

SL-8C Scenario 2

Form ID No. C- 01402		CONTRACT FOR THREE YEAR IMPLEMENTATION OF AG BMP PRACTICES										SWCD COPY										
No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (pl. 93-86) Penalty for presenting fraudulent claim: Fine of not more than \$10,000 or imprisonment of not more than five years or both (18 USC 287).																						
(1) 2007 Program Year		Name & Address Farmer Smith 10 Farmer Lane Monticello, VA 24574		Phone # 434/987-6543		FSA Farm No. A		FSA Tract No. B		Field No. C		DCR Spec No. D		Extent Requested E		Hydrologic Unit F		SWCD Contract Num G		Plan Written Date H		
54-1234567						10		2		2		SL-8C		45		JM-11		10-07-0002		8/1/06		
(2) APPLICANTS REQUEST: I request funding under the State Agricultural Cost-Share, for the listed contractual practices. I agree to implement these practices according to state specifications for a three-year contract period. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices during the contract period. I understand that the VA AG BMP Cost-Share Program has a \$50,000 per applicant per year (July 1 thru June 30) cost-share limit, and I certify that I will not receive more than that amount this program year from all combined SWCD sources.																						
Have you received or will you receive cost sharing from another SWCD during the current program year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, which one? Sign Here Date																						
Farmer Smith 8/16/06																						
(3)		Early Planting Date Acres I	Acres of Rye Approved J	Acres planted on same fields K	Extent Technically Authorized L	S&R Erosion Reduction (T/ac/yr) M	Gross Erosion Reduction (Tons/yr) N	Distance to Stream (feet) O	Relief to Stream (feet) P	USGS Topo Map Name Q	WQ1 / HEL R	NAD 83 Coordinates Row UTM S Column UTM T		STATEMENT OF TECHNICAL NEED I have reviewed this application and have indicated the extent authorized based on technical need.								
1		45	-	-	45	1.2	-	400	70	Tobacco Road Mt	5	H	4159455	662325	Reviewed by: Daily Noted							
2															Date: 9/1/06							
3															Title: Com. Specialist							
5															Comments							
(4) AUTHORIZATION		Your request form has been: <input checked="" type="checkbox"/> Approved to the extent shown in section L <input type="checkbox"/> Not approved Contract Completion Date: 3/15/09 District Authorization by (SWCD Director) June 22, 2009 9/29/06		(5)	C-E Factor U	Dollar Amount Approved for BMP Installation V	Extent Installed (No.) W	Acres Benefited X	SWCD Cost Share Payment Y	Voluntary Acres Implemented Z	(7) TECHNICIAN PRACTICE INSTALLATION CERTIFICATION: I certify that this practice has been installed according to applicable practice standards and specifications. Name Date		Total Projected Year 1 Contract Costs by Contract Number AA	Total Projected Year 2 Contract Costs by Contract Number AB	Total Projected Year 3 Contract Costs by Contract Number AC							
				1	-1.92	1575.00					Comments:		1575.00	2250.00	1350.00							
				2																		
				3																		
				4																		
				5																		
COMMONWEALTH OF VIRGINIA Department of Conservation and Recreation Division of Soil and Water Conservation Programs, activities and employment opportunities are available to all people regardless of race, color, religion, sex, age, national origin or political affiliation. An equal opportunity/affirmative action employer.																						
(6) PARTICIPANT PRACTICE INSTALLATION CERTIFICATION: I certify that the information (column W) is true and correct. I have implemented the first year practice and agree to implement this contractual practice for the three-year life of the contract in accordance with state specifications. I agree to refund all or part of the cost-share assistance or tax credit if my practice is found not to meet state specifications during the three-year contract period. I understand that the sale, lease or changed use of the property will not exempt me from this requirement.										(8) District Payment/Completion Information 1 st Year		District Payment/Completion Information 2 nd Year		District Payment/Completion Information 3 rd Year		Tax Credit Amount Granted						
Sign Here : Date:										Pmt. Amt	Comp./Pmt Date	Check #	Pmt. Amt	Comp./Pmt Date	Check #	Pmt. Amt.	Comp./Pmt Date	Check #	Date	Amount		
1																						
2																						
3																						
4																						
5																						

Scenario #2

How do you fill out the form?

SL-8C Scenario 3

Form ID NO. C-01401 CONTRACT FOR THREE YEAR IMPLEMENTATION OF AG BMP PRACTICES										SWCD COPY																																																																																																																				
No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (pl. 93-86) Penalty for presenting fraudulent claim: Fine of not more than \$10,000 or imprisonment of not more than five years or both (18 USC 287).																																																																																																																														
(1) 2007 Program Year		Name & Address Foreman Smith 10 Farm Lane Monroe, NJ 24514		Phone # (434) 987-6543		FSA Farm No. A		FSA Tract No. B		Field No. C		DCR Spec No. D		Extent Requested E		Hydrologic Unit F		SWCD Contract Num G		Plan Written Date H																																																																																																										
54-1234567																																																																																																																														
<p>(2) APPLICANTS REQUEST: I request funding under the State Agricultural Cost-Share, for the listed contractual practices. I agree to implement these practices according to state specifications for a three-year contract period. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices during the contract period. I understand that the VA AG BMP Cost-Share Program has a \$50,000 per applicant per year (July 1 thru June 30) cost-share limit, and I certify that I will not receive more than that amount this program year from all combined SWCD sources.</p> <p>Have you received or will you receive cost sharing from another SWCD during the current program year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, which one? Sign Here Date 8/16/06</p>																																																																																																																														
<table border="1"> <thead> <tr> <th>(3)</th> <th>Early Planning Date A</th> <th>Acres of Rye Approved B</th> <th>Acres planted on same fields C</th> <th>Extent Technically Authorized D</th> <th>S&R Erosion Reduction (T/ac/yr) E</th> <th>Gross Erosion Reduction (Tons/yr) F</th> <th>Distance to Stream (feet) G</th> <th>Relief to Stream (feet) H</th> <th>USGS Topo Map Name I</th> <th>WQI / HEL J</th> <th colspan="2">NAD 83 Coordinates Row UTM Column UTM</th> <th colspan="2">STATEMENT OF TECHNICAL NEED I have reviewed this application and have indicated the extent authorized based on technical need.</th> </tr> <tr> <th></th> <th>K</th> <th>L</th> <th>M</th> <th>N</th> <th>O</th> <th>P</th> <th>Q</th> <th>R</th> <th>S</th> <th>T</th> <th>U</th> <th>V</th> <th>W</th> <th>X</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>20</td> <td>0</td> <td>—</td> <td>20</td> <td>1.5</td> <td>—</td> <td>200</td> <td>40</td> <td>Tobacco Row Mt</td> <td>5</td> <td>H</td> <td>4159460</td> <td>661900</td> <td>Reviewed by: Dwayne Nottel</td> </tr> <tr> <td>2</td> <td>45</td> <td>0</td> <td>—</td> <td>45</td> <td>1.2</td> <td>—</td> <td>400</td> <td>70</td> <td>Tobacco Row Mt</td> <td>5</td> <td>H</td> <td>4159455</td> <td>662325</td> <td>Date: 9/1/06</td> </tr> <tr> <td>3</td> <td>15</td> <td>0</td> <td>—</td> <td>15</td> <td>1.7</td> <td>—</td> <td>500</td> <td>80</td> <td>Tobacco Row Mt</td> <td>5</td> <td>H</td> <td>4159485</td> <td>662450</td> <td>Title: Conservation Specialist</td> </tr> <tr> <td>4</td> <td>10</td> <td>10</td> <td>—</td> <td>10</td> <td>.9</td> <td>—</td> <td>200</td> <td>50</td> <td>Tobacco Row Mt</td> <td>5</td> <td>H</td> <td>4159420</td> <td>661850</td> <td>Comments</td> </tr> <tr> <td>5</td> <td>0</td> <td>0</td> <td>—</td> <td>30</td> <td>.9</td> <td>—</td> <td>50</td> <td>20</td> <td>Tobacco Row Mt</td> <td>5</td> <td>H</td> <td>4159500</td> <td>662600</td> <td></td> </tr> </tbody> </table>																						(3)	Early Planning Date A	Acres of Rye Approved B	Acres planted on same fields C	Extent Technically Authorized D	S&R Erosion Reduction (T/ac/yr) E	Gross Erosion Reduction (Tons/yr) F	Distance to Stream (feet) G	Relief to Stream (feet) H	USGS Topo Map Name I	WQI / HEL J	NAD 83 Coordinates Row UTM Column UTM		STATEMENT OF TECHNICAL NEED I have reviewed this application and have indicated the extent authorized based on technical need.			K	L	M	N	O	P	Q	R	S	T	U	V	W	X	1	20	0	—	20	1.5	—	200	40	Tobacco Row Mt	5	H	4159460	661900	Reviewed by: Dwayne Nottel	2	45	0	—	45	1.2	—	400	70	Tobacco Row Mt	5	H	4159455	662325	Date: 9/1/06	3	15	0	—	15	1.7	—	500	80	Tobacco Row Mt	5	H	4159485	662450	Title: Conservation Specialist	4	10	10	—	10	.9	—	200	50	Tobacco Row Mt	5	H	4159420	661850	Comments	5	0	0	—	30	.9	—	50	20	Tobacco Row Mt	5	H	4159500	662600	
(3)	Early Planning Date A	Acres of Rye Approved B	Acres planted on same fields C	Extent Technically Authorized D	S&R Erosion Reduction (T/ac/yr) E	Gross Erosion Reduction (Tons/yr) F	Distance to Stream (feet) G	Relief to Stream (feet) H	USGS Topo Map Name I	WQI / HEL J	NAD 83 Coordinates Row UTM Column UTM		STATEMENT OF TECHNICAL NEED I have reviewed this application and have indicated the extent authorized based on technical need.																																																																																																																	
	K	L	M	N	O	P	Q	R	S	T	U	V	W	X																																																																																																																
1	20	0	—	20	1.5	—	200	40	Tobacco Row Mt	5	H	4159460	661900	Reviewed by: Dwayne Nottel																																																																																																																
2	45	0	—	45	1.2	—	400	70	Tobacco Row Mt	5	H	4159455	662325	Date: 9/1/06																																																																																																																
3	15	0	—	15	1.7	—	500	80	Tobacco Row Mt	5	H	4159485	662450	Title: Conservation Specialist																																																																																																																
4	10	10	—	10	.9	—	200	50	Tobacco Row Mt	5	H	4159420	661850	Comments																																																																																																																
5	0	0	—	30	.9	—	50	20	Tobacco Row Mt	5	H	4159500	662600																																																																																																																	
<p>(4) AUTHORIZATION Your request form has been: <input checked="" type="checkbox"/> Approved to the extent shown in section L <input type="checkbox"/> Not approved Contract Completion Date: 3/15/09 District Authorization by SWCD Director: [Signature] Date 9/29/06</p>										<p>(5) C-E Factor U</p>		<p>Dollar Amount Approved for BMP Installation V</p>		<p>Extent Installed (No.) W</p>		<p>Acres Benefited X</p>		<p>SWCD Cost Share Payment Y</p>		<p>Voluntary Acres Implemented Z</p>		<p>(7) TECHNICIAN PRACTICE INSTALLATION CERTIFICATION: I certify that this practice has been installed according to applicable practice standards and specifications. Name _____ Date _____ Comments:</p>		<p>Total Projected Year 1 Contract Costs by Contract Number: AA</p>		<p>Total Projected Year 2 Contract Costs by Contract Number: AB</p>		<p>Total Projected Year 3 Contract Costs by Contract Number: AC</p>																																																																																																		
										1		-1.30		700.00								3500.00		5850.00		3750.00																																																																																																				
										2		-1.92		1575.00																																																																																																																
										3		-1.47		525.00																																																																																																																
										4		-4.33		400.00																																																																																																																
										5		3.85		600.00																																																																																																																
<p>(6) PARTICIPANT PRACTICE INSTALLATION CERTIFICATION: I certify that the information (column W) is true and correct. I have implemented the first year practice and agree to implement this contractual practice for the three-year life of the contract in accordance with state specifications. I agree to refund all or part of the cost-share assistance or tax credit if my practice is found not to meet state specifications during the three-year contract period. I understand that the sale, lease or changed use of the property will not exempt me from this requirement.</p> <p>Sign Here: _____ Date: _____</p>														<p>(8) District Payment/Completion Information 1st Year</p>			<p>District Payment/Completion Information 2nd Year</p>			<p>District Payment/Completion Information 3rd Year</p>			<p>Tax Credit Amount Granted</p>																																																																																																							
Pmt. Amt			Comp./Pmt Date			Check #			Pmt. Amt			Comp./Pmt Date			Check #			Pmt. Amt			Comp./Pmt Date			Check #			Date		Amount																																																																																																	
1																																																																																																																														
2																																																																																																																														
3																																																																																																																														
4																																																																																																																														
5																																																																																																																														

Scenario #3




How to deal with Caps

- State Cap is \$50,000 per applicant
(by Social Security Number/Federal Identification Number)
- SWCD Cap is \$50,000 or less
- **Cap for the Contract (3yrs) is the SWCD Cap for Cropland practices in place when contract is signed**



How to deal with Caps

- If applicant signs up maximum acreage to receive his “cap” in the 1st year what happens in Yr. 2 and Yr. 3?
 - **Important to discuss with participant**
 - Any acreage planted to cover crops in excess of the contracted acres and cap, due to changes in field location should be reported as voluntary and can not be paid
 - Any acreage planted to higher paying seed type cultivars or same acreage location in excess of contracted acres cap should be reported as voluntary and can not be paid



Acts of God - Breach of Contract?

- Discussed at the AG BMP Technical Advisory Committee Meeting - August 24, 2006
- OAG Review
- DCR Leadership Review
- Report out to next Ag BMP Technical Advisory Committee Meeting – November 9, 2006

3YR Contracted Practices

- New Tracking Program





Example of Expiration Dates For the Tracking Program

	PAID	PAID	PAID	PAID
NM-1	Dec.06	Dec. 07	Dec. 08	
NM-2		Dec.07	Dec. 08	Dec. 09
SL-8C		May 07	May 08	May 09

NM-1 Planner writing a plan approved in Oct. 06 and delivered in Dec. 06 is eligible to receive the first payment in Dec. 06 and each of the next two Decembers.

NM-2 Participant cannot start implementing a plan until it is written and the Nutrient Application Record Sheet is received by the SWCD. Not eligible in Dec.06 but is eligible for payment in Dec. 07, then in Dec. 08 and Dec. 09. He is being paid to implement the plan and provide the Nutrient Application Record Sheet to verify.

SL-8C Date should be the kill down dates no earlier than March 15 and no later than May 15, 2009



Questions?

